

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <b>9833</b>	2 Fiscal Year Covered From <b>1</b> / <b>1</b> / <b>2004</b> Through <b>12</b> / <b>31</b> / <b>2004</b>
3 Name and address of person filing Name <b>Edward</b> <b>L</b> <b>Witkowski</b> P O Box Bldg Room No if any Street <b>14004 McNulty Road</b> City <b>Philadelphia</b> State <b>Pennsylvania</b> ZIP Code + 4 <b>19154 1106</b>	4 Name file number and address of labor organization Name <b>Sprinklerfitters Local 692</b> Labor Organization File Number <b>022 875</b> P O Box Building and Room Number if any Street <b>14002 McNulty Road</b> City <b>Philadelphia</b> State <b>Pennsylvania</b> ZIP Code + 4 <b>19154-1106</b>
5 Position in labor organization <b>Training Instructor</b>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the Instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

*Edward L Witkowski*

On

**8-12-05**  
Date

**215 671 1692**  
Telephone Number

Name of Person Filing Edward Witkowski	File Number U
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<b>8 Name and address of Business (including trade name if any)</b> Name National Automatic Sprinkler Fund of N Y Trade Name if any P O Box Bldg Room No if any P O Box 1987 Street City Gaffney State South Carolina ZIP Code + 4 29342-1987	<b>9 Business deals with</b> <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	<b>11 a Nature of such dealing</b> See attached <b>11 b Approximate dollar value of such dealing</b> <b>12 a Nature of interest held or income received</b> Amount for expenses realated to attendance at annual convention <b>12 b Amount</b> \$3 000

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b> Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	<b>14 a Nature of payment</b>
<b>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</b>	<b>14 b Amount of payment</b>

## LM-30 Attachment

Name Edward L Witkowski  
LM-30 File Number To be assigned

Ending date of report period 12/31/04

LM-30 Items  
Number

- 8, Per direction provided by U S DOL OLMS, Part B includes reporting of transaction(s)  
9, including reimbursement of valid expenses by a trust in which the labor organization is  
11a interested as though the trust was a business This guidance provides a trust's dealings with  
and, a labor organization include the trust's receiving contributions from employers obligated to  
11b fund the trust per collective bargaining agreements negotiated by the labor organization  
While the guidance is unclear, other transactions may also be deemed to constitute dealings  
with the labor organization, trusts, or employers reportable in 11b Accordingly, the plan is  
listed here as though it is a business that has dealings with the labor organization, but no  
amount is reported in 11b and the total amount of all such dealings is not ascertainable Also  
note, the DOL software for preparing Form LM-30 does not permit, in part B item 9  
selecting more than one answer